

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 1 of 1

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			6	7/22/2020	Venue (The)
Follow-up				TIME IN 1855	TIME OUT 1930
Complaint			RATING	SANITARY PERMIT NO.	PERMIT HOLDER
Investigation			A	200701800	Hagatna Entertainment Group, LLC
Other:					1089 ADA ARCADE BLDG., AGANA
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
Bar			8	4718318	No. of Repeat Risk Factor/Intervention Violations
					RISK CATEGORY
					2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
Supervision				
1	IN OUT			6
Person in charge present, demonstrates knowledge, and performs duties				
Employee Health				
2	IN OUT			6
Management awareness, policy present				
3	IN OUT			6
Proper use of reporting, restriction & exclusion				
Good Hygienic Practices				
4	IN OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	IN OUT N/A N/O			6
No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands				
6	IN OUT N/A N/O			6
Hands clean and properly washed				
7	IN OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	IN OUT			6
Adequate handwashing facilities supplied & accessible				
Approved Source				
9	IN OUT			6
Food obtained from approved source				
10	IN OUT N/A N/O			6
Food received at proper temperature				
11	IN OUT			6
Food in good condition, safe, and unadulterated				
12	IN OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction				
Protection from Contamination				
13	IN OUT N/A			6
Food separated and protected				
14	IN OUT N/A			6
Food contact surfaces: cleaned & sanitized				
15	IN OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				
Potentially Hazardous Food (TCS Food)				
16	IN OUT N/A N/O			6
Proper cooking time and temperatures				
17	IN OUT N/A N/O			6
Proper reheating procedures for hot holding				
18	IN OUT N/A N/O			6
Proper cooling time and temperatures				
19	IN OUT N/A N/O			6
Proper hot holding temperatures				
20	IN OUT N/A			6
Proper cold holding temperatures				
21	IN OUT N/A N/O			6
Proper date marking and disposition				
Consumer Advisory				
22	IN OUT N/A			6
Consumer Advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
23	IN OUT N/A			6
Pasteurized foods used; prohibited foods not offered				
Chemical				
24	IN OUT N/A			6
Food additives: approved and properly used				
25	IN OUT			6
Toxic substances properly identified, stored, used				
Conformance with Approved Procedures				
26	IN OUT N/A			6
Compliance with variance, specialized process, and HACCP plan				

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
Safe Food and Water				
27	Pasteurized eggs used where required			1
28	Water and ice from approved source			2
29	Variance obtained for specialized processing methods			1
Food Temperature Control				
30	Proper cooling methods used; adequate equipment for temperature control			1
31	Plant food properly cooked for hot holding			1
32	Approved thawing methods used			1
33	Thermometer provided and accurate			1
Food Identification				
34	Food properly labeled; original container			1
Prevention of Food Contamination				
35	Insects, rodents, and animals not present			2
36	Contamination prevented during food preparation, storage & display			1
37	Personal cleanliness			1
38	Wiping cloths: properly used and stored			1
39	Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.				
Person in Charge (Print and Sign) <u>Daniel Long</u>				
DEH Inspector (Print and Sign) <u>E. LUM</u> 3009581				
Date: <u>7/22/20</u>				
Follow-up (Circle one): <u>YES</u> NO				
Follow-up Date: <u>8/1/2020</u>				



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) VENUE (THE)		ADDRESS: Lot #, street name, house/apt. #, building name: 221 CHALAN SANTO PAPA, HAGATNA
INSPECTION/INVESTIGATION DATE: 07/22/2020	COMPLAINT #:	MUNICIPALITY/VILLAGE; SUBDIVISION: HAGATNA

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS																											
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.																											
	The following violations were observed and deemed a public nuisance:																											
	<table border="1"> <thead> <tr> <th></th> <th>Corrected on the Spot (COS)</th> <th>Repeat</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-23.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Corrected on the Spot (COS)	Repeat	<input type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-23 .	<input type="checkbox"/>	<input type="checkbox"/>
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	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.																											
	Observations/Findings: <input checked="" type="checkbox"/> N/A																											

YOU ARE HEREBY GIVEN _____ DAYS _____ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE)

RECEIVED BY (Print & Sign):

DANIEL LONG

DEH INSPECTOR (Print & Sign):

MARILYN O. SORIANO



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

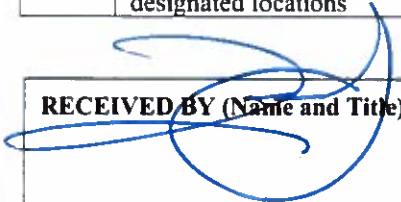



**COMPLIANCE CHECKLIST FOR BARS AND TAVERNS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07, 2020-12, and 2020-23**

Name of Establishment: VENUE (THE) Company Name: HAGATNA ENTERTAINMENT GROUP
Location: HAGATNA

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	b. Cleaning/sanitizing procedures		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	c. Social distancing and other protective measures		<input checked="" type="radio"/> Yes	<input type="radio"/> No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes	<input type="radio"/> No
3	Suspends organized events such as fundraising event, tournament, etc.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
4	Prohibits the use of game equipment such as game machines, pool tables, dart boards and other areas where people may congregate that have high-touch surfaces		<input checked="" type="radio"/> Yes	<input type="radio"/> No
5	Prohibits the use of dance floor		<input checked="" type="radio"/> Yes	<input type="radio"/> No
6	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	b. Strict handwashing practices, to include when and how		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	c. Strong procedures and practices to clean and sanitize surfaces		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	d. PIC is on site and is a certified food manager		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Employee Health			
7	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	<input type="radio"/> No
8	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes	<input type="radio"/> No
9	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Cleaning and Disinfection			
10	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<input checked="" type="radio"/> Yes	<input type="radio"/> No
11	Regularly disinfects liquor bottles, pour stations, taps, ice coops, etc.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
12	Clean silverware, dishes, and glasses are protected or placed in a covered area.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
13	Toilet facilities and handwashing sinks are thoroughly and regularly cleaned and disinfected.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
14	Possesses adequate cleaning and disinfection products for both employees and patrons		<input checked="" type="radio"/> Yes	<input type="radio"/> No

15	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
	Ventilation			
16	Maximizes fresh air through use of existing ventilation system		<input checked="" type="radio"/> Yes	No
17	Minimizes air from fans blowing from one person directly at another individual		<input checked="" type="radio"/> Yes	No
	Social Distancing and Other Protective Measures			
18	Implements social distancing of at least 6 feet and posting of appropriate signage		<input checked="" type="radio"/> Yes	No
19	Limits the number of customers in the bar at one time		<input checked="" type="radio"/> Yes	No
20	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes	No
21	For live music, ensures there is ample distance (6-foot min.) between musicians and customers		<input checked="" type="radio"/> Yes	No
22	Appropriate physical barriers are in place for booth seating	N. A.	Yes	No
	For congregations or social gatherings:		<input checked="" type="radio"/> Yes	No
23	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including private rooms)		<input checked="" type="radio"/> Yes	No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		<input checked="" type="radio"/> Yes	No
24	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes	No
25	Provides hand sanitizers for guests to use at entrances and other designated locations		<input checked="" type="radio"/> Yes	No

RECEIVED BY (Name and Title)  DANIEL LONG MANAGER	DATE 7/22/20
DEH INSPECTOR (Name and Title)  HARLOW D. SPRIGGS, EPHO ADMINISTRATOR / EPHO LIAISON	DATE 7/22/20